

## Board of Equalization

Application to Appeal 2023 Reassessment Deadline to Appeal: April 3, 2023 (City Code 21-6)

## Use one form for each parcel being appealed

FOR OFFICE USE
Date Received:
Hearing Date:
Hearing Time:

Owner(s) Name:				_
Owner(s) Address:				_
Owner's Agent:				_
<b>NOTE</b> : If you are <b>not</b> the must appear on the proper	e property owner, you must file a erty owner's letterhead.	Letter of Authorization	signed by the owner. S	gnatures must be notarized or
Contact Information:	Phone			
	FAX			
	Email			
Parcel Address:				
Parcel Account Num	oer:			
Type of Property (che	eck one): Residential	Commercia	al Vacant	Land
			supporting documen	
	I or Rental Property, please p			data and the most recent
STATE YOUR OPINIC	N OF THE FAIR MARKET V	ALUE OF THIS PROPI		, 2023
Is	a recent appraisal of the prop	erty being submitted?	Yes No	
Please mail, f	55 W. Church Street, Room Martinsville, VA 24112	state Assessment Of m 114 or sessors@ci.martinsv	fice, P.O. Box 122 Martinsville,	
Signature of Owner:_			Date:	
Signature of Owner's	Agent:		Date:	